

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/634399 FILING DATE _____
APPLICANT(S) _____

2/3/02 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						
10 2						
10 3						
10 4						
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11 49						
11 50						
TOTAL IND.	3					
TOTAL DEP.	41	↔	↔	↔		
TOTAL CLAIMS	44					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

202

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
191634399
APPLICANT(S)
FILING DATE

213706

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2						
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6		/				
7		/				
8		/				
9		/				
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51			52			53		
54			55			56		
57			58			59		
60			61			62		
63			64			65		
66			67			68		
69			70			71		
72			73			74		
75			76			77		
78			79			80		
81			82			83		
84			85			86		
87			88			89		
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

1072